

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90020 027 ***150.00

659824

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000060309

1. Entity Name

WING PING, INC

Principal Place of Business

1104 BICHARA AVE
 THE VILLAGES FL 32159

Mailing Address

1104 BICHARA AVE
 THE VILLAGES FL 32159

2. Principal Place of Business

1542 WATER TOWER CIR.

3. Mailing Address

1100 MAIN ST, STE 211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THE VILLAGES FL

City & State

THE VILLAGES, FL

4. FEI Number

59-3655271

Applied For

Not Applicable

Zip

32159

Country

US

Zip

32159

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALBERT WONG
 1104 BICHARA AVE
 THE VILLAGES FL 32159

7. Name and Address of New Registered Agent

Name

HING C. TSE

Street Address (P.O. Box Number is Not Acceptable)

1542 WATER TOWER CIRCLE

City

THE VILLAGES

FL

Zip Code

32159

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Hing C Tse

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FIRE NOW!!! FEE IS \$150.00

After MAY 31, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	ALBERT WONG	<input checked="" type="checkbox"/> Delete
NAME		1104 BICHARA AVE	
STREET ADDRESS		THE VILLAGES FL 32159	
CITY-ST-ZIP			
TITLE	VP	ZENG JIN YANG	<input checked="" type="checkbox"/> Delete
NAME		1104 BICHARA AVE	
STREET ADDRESS		THE VILLAGES FL 32159	
CITY-ST-ZIP			
TITLE	T/S	HING TSE	<input type="checkbox"/> Delete
NAME		1104 BICHARA AVE	
STREET ADDRESS		THE VILLAGES FL 32159	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	HING C. TSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1542 WATER TOWER CIRCLE	
STREET ADDRESS		THE VILLAGES FL 32159	
CITY-ST-ZIP			
TITLE	T/S	LINDA TSE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1542 WATER TOWER CIRCLE	
STREET ADDRESS		THE VILLAGES, FL 32159	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hing C Tse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20134 (1/1/00)